CITY OF DEER PARK ROADSIDE SOLICITATION REGISTRATION FORM

Each person, business, firm or corporation, charitable, religious, patriotic, civic, fraternal or social organization, or educational institution, or other philanthropic or non-profit organization selling goods or on a business owner's property must complete this form. For non-profit organizations proof of non-profit status (501C3) must be attached to this form. Return this form to the City Secretary's Office, City Hall, City of Deer Park, 710 East San Augustine Street, Deer Park, Texas 77536 no later than the 12th calendar day prior to the event.

tion:			
	City	State	Zip
	City	State	Zip
Fa	x number:		
L, M)(must be 18 years of age or ol	der):		
	City	State	Zip
Driver's License Number		State	
act/Responsible Party(ies). Additi	onal names on r	everse side of app	lication.
Si	gnature		
Driver's License Number		State	
Cell Phone	E-mail Add	dress:	
Si	gnature		
Driver's License Number		State	
Cell Phone	E-mail Add	dress:	
exas driver's license or ID, a state	issued driver's lic	cense or ID is requi	red.
the business owner to sell or dist	ribute goods on	their property as	provided belov
act Person (PRINT):			
	_Cell Phone Nu	mber	
	hone number, an	ıd signature.	
or material to be distributed or sol	d:		
rsical Address):			
Time	(s) of Event:		
the City of Deer Park Ordinance. I fu	rther understand i	am responsible for	
, of the fermion and ensuring comprision	ce with the ordina	nce	
		City	

Signature of Applicant

Additional Event Day Contact/Responsible Party(ies): Full Name______ Signature _____ DOB _____ Driver's License Number ____ State _____ Residence Phone: _____ Cell Phone _____ E-mail Address: _____ Full Name______ Signature _____ DOB_________State _______ Residence Phone: _____ Cell Phone _____ E-mail Address: _____ Full Name______ Signature _____ DOB Driver's License Number_____State _____ Residence Phone: Cell Phone E-mail Address: Full Name______ Signature _____ DOB_______Driver's License Number______State _____ Residence Phone: Cell Phone E-mail Address: **FOR CITY USE ONLY** Public Data: Texas Dept. Public Safety _____ Criminal Background: Sex Offender Background: Date Approved:_____ Effective Date(s): _____ Date Denied:

Signature of Approver: ______Title: ______